2018910103 D 127 . 716

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
N.C. VITAL RECORDS

CERTIFICATE OF DEATH

	DECEDENT'S LEGAL NAM	E [1b. MIDDLE		Itc. LAS				Id. SUF	FIX 1e. LA	ST NAME PRIOR TO FIRST	
PE/PRINT IN RMANENT ACK, BLUE- LACK OR	Sylvia	Ann		Lagle					Everhardt		
BLUE INK	aka 2. SEX   3a. AGE-LAST	36. UNDER 1 YEAR	3c. UNDER 1 DA	AY 4. DATE OF BIRT	H (Month/Day/Y	ear) 5. BIRTHE	PLACE	Country	6. DATE OF	DEATH (Month/Day/Year)	
aminer)	F 77	F 77		February 10,		(County/State or Foreign Country  1941 Davie/NC		Coontry	July 27, 2018		
E	PLACE OF DEATH (Check only one) 7a. IF DEATH OCCURRED IN A HOSPITAL 7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL										
Pedic	☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)  7c. FACILITY NAME (If not institution, give street and number)  7d. CITY OR TOWN  7e. COUNTY OF DEATH										
2	Kate B Reynolds Hospice Home					Winston Salem			Forsyth		
Institution	8. MARITAL STATUS  ☐ Married ☐ Married, bu ☐ Divorced ☐ Never man	st marriage) (C		Da. DECEDENT'S USUAL OCCUPATION (Do not use retired) Secretary			Law Office				
ician,	11, SOCIAL SECURITY NUMBER   12a. RESIDENCE-STAT		NCE-STATE OR	E OR FOREIGN COUNTRY 12b.		COUNTY			12c. CITY OR TOWN		
Phys	North Caro		Carolin	ina Da		avie			Mocksville		
9,0						12e. INSIDE CITY LIMITS 12f. ZI				13. WAS DECEDENT EVER U.S. ARMED FORCES?	
or use	363 Gladstone Road 5 14. DECEDENT'S EDUCATION (Check the box that   15. DECEDENT OF HISPANIC O							270	10 mm - 10 mm	Yes 20 No r more races to indicate wha	
NAME OF DECEDENT (F	best describes the highest degree or level of school completed at the time of death)  Buth grade or less  Buth-12th grade; no diploma  Buth-12th grade; no diploma  Buth-12th grade; no diploma			box that best describes wheth Spanish/Hispanic/Latino. Che decedent is not Spanish/Hispanic/L No, not Spanish/Hispanic/L Yes, Mexican, Mexican Ame Yes, Puerto Rican Yes, Cuban Yes, other Spanish/Hispanic		heck the "No" box if panic/Latino) (Latino C. American Indonerican, Chicano Native (Namerican)  Indonerican (Specify)  Indonerican (Specify)  Indonerican Indian In		inican And Indign of Al me of the d ibe)	D Native Hawaiian  Pe of the en ollect or Guamanian or Chamorro  D Samoan  Other Pacific Islander (Specify)		
	(e.g., MD, DDS, DVM,	LLB, JD)				3-	- D Filiplno	1	tnamese.		
RENTS	17. FATHER/PARENT NAME Phillip Hamil	to First Marriage)			ora Fos		t) (Last Na	ne Prior to First Marriage)			
	19a. INFORMANT'S NAME		the second secon	IONSHIP TO DECED			(Street and Num		tale, Zip Con	de)	
	Billy Lagle	9	Son		Harmo	ny, NC	28634	W = 12.0	X X		
SPOSITION	20a. METHOD OF DISPOSITION						TION (City of	or Town and State)			
	21a. SIGNATURE OF FUNE	BAL DIRECTOR	7 21b. L	ICENSE NUMBER	21c. N/	ME OF EMBA	LMER	3 - 1		21d. LICENSE NUMBER	
	22. NAME AND ADDRESS O	FS2920 Not Embalmed									
							E TOTAL	NC 2	7020		
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STATE OF NORTH CAROLINA

STATE OF NORTH CAROLINA

DAVIE

County

IN THE MATTER OF THE ESTATE OF:

Name

SYLVIA EVERHARDT LAGLE

Case 3:16-md-02738-MAS-RLS

Document 14560-1

18 E 280

In The General Court Of Justice
Superior Court Division
Before the Clerk

LETTERS

TESTAMENTARY

G.S. 28A-6-1; 28A-6-3; 28A-11-1; 36C-2-209

The Court in the exercise of its jurisdiction of the probate of wills and the administration of estates, and upon application of

the fiduciary, has adjudged legally sufficient the qualification of the fiduciary named below and orders that Letters be

The fiduciary is fully authorized by the laws of North Carolina to receive and administer all of the assets belonging to the estate, and these Letters are issued to attest to that authority and to certify that it is now in full force and effect.

Witness my hand and the Seal of the Superior Court.

issued in the above estate.

Name And Address Of Fiduciary 1 LISA LAGLE MARKLAND	Date Of Qualification  08/28/2018  Clerk Of Superior Court					
175 WILLMAT LANE MOCKSVILLE, NC 27028						
	ELLEN E DRECHSLER					
Title Of Fiduciary 1  CO-EXECUTOR	EX OFFICIO JUDGE OF PROBATE					
Name And Address Of Fiduciary 2 WILLIAM H LAGLE, JR	Date Of Issuance					
152 GUY GAITHER ROAD HARMONY, NC 28634	Signature					
Title Of Fiduciary 2  CO-EXECUTOR	☐ Deputy CSC ☐ Assistant CSC ☐ Clerk Of Superior Court					

SEAL

NOTE: This letter is not valid without the official seal of the Clerk of Superior Court.

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